MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/596136	

APPLICANT(S)

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1		1			
2		1		1		
3	1		1			
4		1		1		
5		1		1		
6				1		
7				1		
8		1		1		
9		1		1		
10		1				
11	1		1			
12		1		1		
13		1		1		
14		1		1		
15		2				
16		2				
17		2				
18		1		1		
19		1		1		
20	1		1			
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22		1				
23						
24	1		1			
25	1					
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TOTAL IND.			6			
TOTAL DEP.				25		
TOTAL CLAIMS				31		

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

PTO - 150 (REV. 11/04)